regularity of simple reactions in the locomotor ataxy cases, as shown by smallness of mean variations, and this the author regards as inexplicable.

The alcoholic cases were men who had drunk enormously during their lives, who had just been on a "bout" for some days, and were on the verge of delirium tremens. Their minds, however, were clear and active; they were acutely anxious about their condition, unable to sleep, and utterly worn out. It is, however, rather surprising to find that the simple reaction-times in this group were even shorter than in any series of experiments performed on healthy persons at Yale; the complex times, however, were longer. After treatment there was a general decrease, making simple reaction-time less than the normal, and complex time about normal. "These results," Nadler remarks, "appear to show that the effect of the alcoholic toxine upon the individual is to heighten the power to perform simple regular movements, but that when a judgment is needed the individual is at a disadvantage."

In the hysteria group the reaction-times were very erratic; that, indeed, was their chief feature, for while the median for simple reaction-time was almost normal, the mean variation was extremely large. Complex time was much above normal; the subjects had great difficulty in concentrating their attention, and were constantly forgetting what they were attempting to do. One subject could not refrain from reacting to every fall of the shutter, regardless of the colour it showed, so that no record could be obtained from her.

AMERICAN RETROSPECT.

By Dr. C. Hubert Bond.

Cerebral Diplegia of the Family Type.—Under this name Dr. F. X. Dereum describes (*Journ. Nerv. and Ment. Disease*, July, 1897) an affection attacking three children out of a family of four. Each of the three affected children was born apparently healthy, and developed normally up to a certain period,—sixteen months in the case of the eldest, to four years in the next, and to two years in the third. Cessation of normal development in the first child followed upon a severe general convulsion, upon an attack of measles in the case of the other two. Each then became dull and stupid, the eldest now being quite idiotic, and each became the subject of marked spastic diplegia and epilepsy, the latter assuming the character of *petit mal*. All three children now present the tumid, sodden features so often associated with epilepsy. The reflexes are exaggerated wherever the contractures and rigidity do not interfere with their being tested. In neither case was there nystagmus, but in the eldest, athetoid movements of the hands may

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be sometimes noticed. The remaining child, the second in age, now nine and a half years old, possesses good physical health, and his intelligence is up to the average, even somewhat above it, but it is noteworthy that he has not been attacked by any of the exanthemata, nor has he had any serious illness. As regards the family history, that on the father's side was negative, and this is emphasised by the fact that the mother of these children was his third wife, and that his numerous progeny by the first and second wives were all normal. But there is a history of the child of one of the paternal aunts of the mother being paralysed—she thinks in a manner similar to that of her own children. Thus it would appear that these children present a feebleness of development on the part of the neurons of the motor area; and that, while they possessed the power of developing in a normal manner so long as not subjected to any malific influence, their vulnerability was so great that they underwent degenerative changes from very slight causes. To a certain extent these cases may be regarded as analogues of Friedreich's ataxia.

Varieties of Brain-cell Degeneration.—In the *Journ. of Nerv. and Ment. Disease*, August, 1897, is an account of a paper by Dr. C. L. Dana, embodying the results of two years' study of anatomical changes in the brain-cells in acute alcoholism. Ten cases are reported, and Nissl's stain was the chief method employed. What was known as acute alcoholic meningitis would appear not to be really a meningitis at all, despite the fact of a distinct clinical course of meningitis, nor usually would the microscope show any migration of leucocytes or evidence of encephalitis. Alcoholic meningitis is not primarily a vascular disorder, but a slow poisoning, and therefore required a study of the nerve-cell. He would combat the statement made by some, that it was not possible to make any differentiation of cell-degenerations according to the pathological irritant concerned. Death from sunstroke with pyrexia and acute delirium yielded a distinct form, namely, sudden and general pigmentation, especially of the larger cells; while another and distinct form, involving the smaller cells as well, could be found in pernicious anæmia. He would describe three varieties of cell-degeneration: (1) intense pigmentation of the larger cells chiefly, with degeneration of the cytoplasm; (2) a general cell-atrophy of the body and nucleus; and (3) a good deal of change in the cell-body, with many neuroglia nuclei in the pericellular spaces. No definite type of cell-degeneration, he said, could be made out in alcoholic cases, probably because the mode of death was by auto-toxæmia and pyrexia.

Hydrocephalus in Adult Life.—A report, by Dr. M. Prince, of three cases—two followed by autopsy—together with a summary of the chief facts known of the subject (gathered mainly from Quincke's monographs), appears in the August number of the

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Journ. of Nerv. and Ment. Disease. The writer believes that the disease occurs much more frequently than it is diagnosed. Mention is made of the vagueness and uncertainty which at present surround the subject, and of the inexact picture that is usually given of the affection. That it is of an inflammatory nature is a question much open to doubt. His first case was that of a woman, in whom the symptoms came on apparently in direct relation to severe injury to the head; but it should be stated that before this she had had "freaks of leaving home suddenly without apparent reason, and returning after some time." In analysing her symptoms he divides them into *general*—irregular fever, slight chills, headache, vomiting, stupor, delirium; and *local*—cervical rigidity, tenderness and pain, paralysis of the right, third, and sixth nerves, paralysis of both pupils, retracted abdomen, mild rigidity of the biceps muscle of both arms, localised spasms, temporary weakness of the right seventh nerve. The local symptoms were not manifest until the fourth week, and up to that time the case was not necessarily cerebral. Special emphasis is laid upon the great variability in the intensity of the general symptoms. An abscess, possibly in the cerebellum or temporo-sphenoidal lobe, was diagnosed and explored for. Death occurred the third day after the operation.

At the autopsy the skull was free from injury, while the brain at the vertex showed flattening of the convolutions with complete obliteration of the sulci, and was abnormally elastic. The vessels at the base were normal, but here there was an excess of cerebro-spinal fluid; there was no pus anywhere. The lateral ventricles were dilated to treble their usual size with clear fluid, and their ependyma was pale, velvety, and sodden. In the second case, a pronounced neurasthenic, the symptoms followed upon her second confinement. Of these the most prominent were "delirium, stupor, coma, and dementia,—the last simulating, as was thought at one time, general paralysis; chills and fever at first, later normal and subnormal temperature, rapid, followed by slow pulse; abdominal pain and tenderness and cervical pains; severe headache (she at one time said, "I believe my head will burst"); nausea and vomiting; optic neuritis; muscular weakness, but no paralysis or anæsthesia." Changes in intensity of many of these symptoms were again noticed; some would disappear and reappear. After death the brain presented much the same appearances as in the previous case, but it was the fourth ventricle that showed the greatest distension. The ependyma, however, was smooth and shiny, and microscopically yielded no changes except a slight increase of the neuroglia beneath it, and no inflammatory appearances. The third case had a very sudden onset, and there was nothing with which it could definitely be connected. She gradually recovered, and therefore the positive evidence in the two prior cases is lacking, but it seemed to the writer that no other diagnosis was possible.

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The fundamental conception, he says, would seem, then, to be that a meningitis, especially an ependymitis, may give rise to a simple serous effusion as well as a purulent one. It may occur at all ages, and trauma, mental strain, alcoholism, otitis media, and acute infectious diseases may be regarded as the chief causes. It may be acute or chronic,—the former simulating tubercular meningitis, while the latter is frequently confounded with the presence of a tumour. The morbid anatomy is mostly limited to the accumulation within the ventricles of clear fluid, containing little or no albumen or cellular elements, resulting sometimes in enormous distension of the ventricles, flattening of the convolutions, and obliteration of the sulci. The sudden development and the variability of tension, he says, are rendered intelligible by Quincke's analogy, where he likens the affection to angio-neurotic acute œdema of the skin.

Katatonia.—A paper read by Dr. F. Peterson, and based upon four examples of this disease, is reported in the *Journ. of Nerv. and Ment. Disease*, September, 1897. He pointed out how contradictory are the descriptions of the affection: some hold that it is a clinical entity, some describe it as a variety of melancholia, while others would term it as a form of alternating insanity, others yet again as a species of hysteria. His conclusions were—"(1) That katatonia is not a distinct form of insanity; (2) that it has no true cyclical character in its manifestations, and hence cannot be classed as a form of circular insanity; (3) it is simply a type of melancholia, and it is therefore not desirable to retain the name." Katatonic melancholia would be a conveniently descriptive term. Its prognosis, in his opinion, was graver than in any other form of melancholia.

THERAPEUTIC RETROSPECT.

By Dr. Harrington Sainsbury.

Spermin (Poehl's). Deutsche med. Wochenschr., October 7th, 1897. —Two cases of tabes, treated with injections of Poehl's spermin, are recorded by Dr. M. Werbitzky from Professor Popoff's Clinique in St. Petersburg. The first case is most typical of tabes. It occurred in a soldier of 60 years of age, and as a result of the injections, ten in all, very marked improvement set in. The improvement was noted in the gait and posture, as also in the pains, and in the skin perception of sensations—tactile, electric, and other. The second case, not so typical, received fourteen injections. In him it was noted that there was improvement in the sense of well-being, in the sensitiveness of the skin to stimuli of all kinds, in the ataxy, and in the muscular power. The amount of the injections is unfortunately not stated.

Anesine, a new substitute for Cocaine. Deutsch. med. Wochen-

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